Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN4241AGC	A. BUILDING _____ B. WING _____	03/30/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMERDALE AT RIATA	14315 RIATA CIRCLE RENO, NV 89521

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey and a complaint investigation conducted in your facility from 1/31/11 to 3/30/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and two employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of B. Complaint #NV00027395: the complaint investigative process was initiated by the Bureau of Health Care Quality and Compliance on 1/31/11 . The allegation regarding lack of protective supervision/inappropriate retention of the Resident #3 was unsubstantiated through document review and observation. The investigation included: - The facility was able to provide the documentation (Standard Placement Determination assessment form) from the doctor	Y 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 000	Continued From page 1 dated 3/25/11 to confirm that Resident #3 was appropriate for the facility. - Observations of the facility and residents were conducted and revealed that Resident #3 was well supervised. The allegation regarding inappropriate level of care for Resident #4 was unsubstantiated through document review, interviews and observation. The investigation included: - The facility obtained a new license to care for Category II residents on 3/8/11. - Conducted interviews with residents and facility staff revealed Resident #4 had received an appropriate level of care. - Observation of the facility confirmed the compliance with Category II endorsement requirements. The allegation regarding an expired TB test for Resident #2 was unsubstantiated through record review. The investigation included: - Resident's #2 records were reviewed and revealed a two step TB test completion. The allegation regarding assisting a diabetic resident with insulin was unsubstantiated. The investigation included: -The facility was able to provide Home Health nurse's assessment which stated Resident #2 needed only a verbal assistance with insulin injections.	Y 000		

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Y 000	Continued From page 2 The allegation regarding resident's medications not being given per physician's instructions was substantiated. See Tag 0878. The following deficiencies were identified:	Y 000		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review from 1/31/11 to 3/30/11, the facility failed to ensure 1 of 2 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #2). This was a repeat deficiency from the 2/18/10 State Licensure survey. Severity: 2 Scope: 3	Y 103		
Y 877 SS=D	449.2742(5) OTC medications & Dietary Supplements NAC 449.2742 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the	Y 877		

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Y 877	Continued From page 3 resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medication and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. This Regulation is not met as evidenced by: Based on record review, inteview and observation from 1/31/11 to 3/30/11, the facility did not obtain physician orders to administer over-the-counter (OTC) medications to 1 of 5 residents (Resident #1 - Imodium, 2 mg). Severity: 2 Scope: 1	Y 877		
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.	Y 878		

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Y 878	Continued From page 4 This Regulation is not met as evidenced by: Based on record review and interview from 1/31/11 to 3/30/11, the facility failed to ensure that 2 of 5 residents received medications as prescribed (Resident #1 - Carbidopa 25 mg/Levodopa 250 mg; Promethazine, 25 mg; Resident #2 - Lantus, 100 units/ml, prefilled insulin syringes, Resident #4 - Bengay Ointment). Severity: 2 Scope: 3	Y 878		
Y 885 SS=D	449.2742(9) Medication / Destruction NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. This Regulation is not met as evidenced by: Based on observation and interview from 1/31/11 to 3/30/11, the facility did not destroy medications after they were discontinued for 2 of 5 residents (Resident #3 - Hydrocodone, Amlodipine,	Y 885		

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Y 885	Continued From page 5 Caltrate, and Resident #5 - Amiodarone). Severity: 2 Scope: 2	Y 885		